

DEPARTMENT OF DEVELOPMENT SERVICES

4701 West Russell Road, Las Vegas, NV 89118 * (702) 455-3000

SIGN PERMIT APPLICATION

ASSESSOR PARCEL NO:										APPLICATION NO.:		
JOB SITE ADDRESS:												
SUBDIVISION:												
UNIT NO:			LOT NO:	BLK NO:		BOOK:		PAGE:		SETUP BY:		
PROJECT NAME:								·				
CONTACT NAME:							PHONE:					
CONTACT ADDRESS:												
OWNER NAME:							PHONE:					
DESCRIPTION OF WORK:											PLANS ATTAC	
CONTRACTOR'S DECLARATION							I certify that I have read this Application and state that					
TION	I hereby certify that I am licensed under the provisions				visions of N.R.	S. 624.	the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of					
RMA	ST. LIC. NO: CLASS:			CC BUS.	CC BUS. LIC. NO:		this County to enter upon the above mentioned property for inspection purposes.					TN
INFO	CONTRACTOR NAME:						this County to enter upon the above mentioned property for inspection purposes.					
CONTRACTOR INFORMATION	MAILING ADDRESS:			PHONE:	PHONE:						AP	
VTRA				STATE: ZIP:			APPI	APPLICANT SIGNATURE				
	CONTRACTO SIGNATURE:			CION TYPE	DATE:	DATE:		DATE				
	QUANTITY	SIGN TYPE Off-Premise Sign (Must attach written, notarized authorization from property owner with Deed)					4	AREA	PRIC	500.00	TOTAL	
		Temporary Signs For Sale/Rent/Lease - On-Premise								25.00		
		For Sale/Rent/Lease - Off-Premise (Signed authorization from property owner required) For Sale/Rent/Lease - Weekend								100.00		
		Construction Sign(s)								25.00 25.00		
		On-Prer	Special Attraction/Promotional Sign(s) On-Premise Signs							25.00		
Free-Standing Wall												
Directional Other												
Outer					Total							
COMMENTS:							PERMIT FEES					
							Valuat	tion		\$		
						Permit	Permit Fee \$					
Bld								Bldg Plan Review Fee: \$				
STA	STANDARD PLAN NO: QAA REQUIRED:							Zoning Plan Review Fee: \$				
Sign Fees Waived							Mitigation Fee: \$					
Civil Engineering Review By: Date:							TOTAL	L FEE:		\$		
Zoning Plan Review By: Date:						Cook Charleston						
Bldg Review By: Date:						□ Cash □ Check No: Issued By: Date:						
							l			_		